



STATE OF WASHINGTON
FOOD STAMP EMPLOYMENT AND TRAINING (E&T) PROGRAM
WORK EXPERIENCE (WEX) AGREEMENT

AGREEMENT NUMBER _____

COMMUNITY SERVICES OFFICE NUMBER _____

The Food Stamp Employment and Training Program (as administered by the Department of Social and Health

Services (DSHS), and _____
hereinafter referred to as the WEX Agency, mutually agree that work experience activity shall be established with the WEX Agency subject to the Special Provisions of this agreement. The purpose of work experience activity is to provide Employment and Training (E&T) program participants the opportunity to develop basic work habits, to practice skills learned in classroom training, and to demonstrate skills to a prospective employer.

The WEX Agency is (check appropriate box):

- | | | |
|---|--|--|
| <input type="checkbox"/> Public School/College/University | <input type="checkbox"/> Private Non-Profit Organization | <input type="checkbox"/> Non-Profit Hospital |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> City/County Subdivision | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Indian Tribe | | |

SPECIAL DELIVERY

The Food Stamp Employment and Training Program agrees:

To refer to the WEX Agency participants who are determined ready for the type of work experience activity the WEX Agency can provide.

The WEX Agency agrees:

1. That a participant will work at least 20 hours per week consistent with the normal workweek established for the occupation;
2. That the participant shall not displace any regular employees from their jobs including those who are involved in a labor dispute;
3. That a participant will not be subject to discrimination because of race, color, creed, age, sex, national origin, marital status, or presence of any sensory, mental or physical disability;
4. To notify the participant of the location, time, and person to report to for work experience activity;
5. To supervise the participant's training and adherence to health and safety standards that affect the participant's welfare while on the training site;
6. To provide the participant with the necessary tools and equipment required to perform the work experience activity to the extent that such tools or equipment are routinely provided by the WEX Agency;
7. To notify the Department within a day of any act or omission by participants who fail to carry out their duties and responsibilities as described in the Work Experience (WEX) Referral, DSHS 11-045.
- 8.

Worker's Compensation or comparable coverage will be provided by the: ☐ DSHS or ☐ WEX Agency.

This agreement shall become effective on _____, and shall remain in effect until terminated. The Work Experience (WEX) Referral, DSHS 11-045, subject to this agreement, may become effective any time within the period of this agreement and shall continue until the individual work experience training is completed on the date specified on the DSHS 11-045, or terminated by one of the undersigned parties.

This agreement may be terminated at any time at the discretion of either the WEX Agency or the Department, upon written notification specifying the reasons for termination.

WEX AGENCY REPRESENTATIVE'S SIGNATURE

DSHS REPRESENTATIVE'S SIGNATURE

PRINT NAME

PRINT NAME

TITLE

DATE

TITLE

DATE

SERVICE PROVIDER NAME AND ADDRESS

COPIES TO: CSO File; WEX Agency; Service Provider

WORK EXPERIENCE (WEX) AGREEMENT
INSTRUCTIONS

A. USE

1. The Work Experience (WEX) Agreement is used to document a contractual relationship between the Food Stamp Employment and Training (FSE&T) Representative and a WEX organization which has agreed to provide work experience (WEX) and training to a program participant.
2. This current signed Food Stamp Employment and Training Agreement must be on file prior to referring a participant to a WEX assignment with the agency on the Work Experience Referral form.

B. FORM COMPLETION

1. The DSHS Representative completes the following information:

Agreement Number: Enter the number assigned to the agreement in the local office.

Community Services Office (CSO) Number: Enter the CSO Number.

"DSHS and _____:" Enter the name of the host organization the Agreement is negotiated with.

"The WEX Agency is _____:" Check the appropriate category that the host organization falls under.

"This agreement shall become effective on _____:" Enter the effective date of the agreement.

2. The DSHS Representative negotiating the Agreement should ensure that the employer has read and understands the provisions of the Agreement prior to asking for a signature.

WEX Agency Representative, etc.: The employer's representative must sign the form and provide printed name, titled, and date of the signing.

DSHS Representative's etc.: The authorized FSE&T representative must sign the form and provide printed name, title, and date of signing.

C. DISTRIBUTION

White: CSO WEX Agreement File

Yellow: WEX Agency

Pink: Service Provider (if other than DSHS staff)